

WRITE - ONLY WITH UNFADING INK - THIS IS A PERMANENT RECORD - N. B. - In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

1. County of Gila
District of _____
Town of Globe
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 204
County Registrar No. _____
Local Registrar No. 192

2. Full name of child Baby Snyder
3. Sex of Child male To be answered ONLY in event of plural births.
4. Twin, triplet or other two 5. Legitimate? yes
6. Date of birth July 27, 1925 month day year

3. FATHER
Full name Joe Snyder
9. Residence (Usual place of abode) Globe, Ariz.
If nonresident, give place and state _____
10. Color or race white
11. Age at last birthday 21 (Years)
12. Birthplace (city or place) Gail Texas
(State or country)
13. Occupation
Nature of industry Miner in mine

14. MOTHER
Full maiden name Gertrude Phillips
15. Residence (Usual place of abode) Globe, Ariz.
If nonresident, give place and state _____
16. Color or race white
17. Age at last birthday 19 (Years)
18. Birthplace (city or place) Roswell New Mexico
(State or country)
19. Occupation
Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living two
(b) Born alive but now dead none
(c) Stillborn none
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:35 p.m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
Signature T. C. Harper, M. D.
Address Globe, Ariz.
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year. _____
029-727-772
Registrar.
Filed 7/30, 1925.
Local Registrar.
County Registrar.